

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Transdermal Therapeutic System and Process for its Production

the specification of which

- is attached hereto
- was filed on

and including all the amendments through the date hereof.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application (s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application (s) for which Priority is Claimed:

- 1.) U.S.A., 60/124.957 of March 18, 1999
- 2.) Federal Republic of Germany, 19912477.9 of March 19, 1999

And I hereby appoint William F. Lawrence, Registration No. 28,029, of the firm FROMMER LAWRENCE & HAUG, LLP whose post office address is 745 Fifth Avenue, New York, New York 10151, or their duly appointed associate, my attorneys, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to file continuation and divisional application thereof, to receive the Patent, and to transact all business in the Patent and Trademark Office and in the Courts in connection therewith, and specify that all communications about the application are to be directed to the following correspondence address:

William F. Lawrence, Esq.
c/o FROMMER, LAWRENCE & HAUG LLP
745 Fifth Avenue
New York, New York 10151

Direct all telephone calls to:
(212) 588-0800, to the attention
of : William F. Lawrence

1999/109 US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR (S)/Residence

- 1) Robert-Peter Klein, Wikingerstrasse 3, 56567 Neuwied, Germany DEX
2) Reinhold Meconi, Alemannenstrasse 42, 56567 Neuwied, Germany DEX

Signature: RM Klein

Date: 24.7.01

Signature: Reinhold Meconi

Date: 19.7.01

The inventors is citizen of Germany.

Post Office Address of the Inventor:

LTS Lohmann Therapie-Systeme AG
Patentabteilung
Lohmannstrasse 2
56626 Andernach
Germany